MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06105

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA. COUNTY 48
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKERSBURG
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BRAHAM

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 6/1/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: BRAHAM, EVELYN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. OLIN MORRIS, AURORA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X

Immediate cause (a) Prematurity (wt 2 lbs 6 oz) — Interval Between Onset And Death: 11 hr 30 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 6-2, 1953, that I last saw the deceased alive on 6-2, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James H. Teasto, Jr. M.D. 58 Lad St Oakland, Md 6-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/4/1953
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 6/4/1953
REGISTRAR'S SIGNATURE Julia Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

206318 1281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU VE
JUN 9 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06106
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LORETTA (Middle) MARIE (Last) CREAGEN

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: SEPT. 26th, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: about 11 years

11. BIRTHPLACE (State or foreign country): MARYLAND, Hutton

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: CARNEY, JOHN

14. MOTHER'S MAIDEN NAME: FLAHERTY, BRIDGET

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MARY CARNEY CRELLIN, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

293X
Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Secondary Anemia — 2 mos.

DUE TO

(c) Causes unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 11, 1953, to JUNE 17th 1953, that I last saw the deceased alive on JUNE 16TH 1953, and that death occurred at 5:20 A.M. (D.S.T.), from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Maney M.D. ADDRESS Oakland DATE SIGNED 17 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/19/1953 | NAME OF CEMETERY OR CREMATORY St Peters Cemetery | LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/19/53 | REGISTRAR'S SIGNATURE Julia A Brown LR | 24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md. ADDRESS

V8. AX6

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06107

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Rural Grantsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Susan (Last) Durst

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 7.1908

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: NoBusiness

11. BIRTHPLACE (State or foreign country): Bittinger Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jacob Beaman

14. MOTHER'S MAIDEN NAME: Laura Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Victor Durst Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 3 yr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 10 yrs

DUE TO

(c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 50 to June 53, that I last saw the deceased alive on June 28 1953, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ray H. Carl Rumbaugh M.D ADDRESS Meyersdale Pa DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-1-1953

NAME OF CEMETERY OR CREMATORY: Durst Cemetary

LOCATION (City, town, or county) (State): Rural Grantsville Md

DATE REC'D BY LOCAL REG. 6/30/53

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm A Winterberg ADDRESS: Grantsville Md

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06108

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton Md

LENGTH OF STAY (in this place) 25 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bulah (Middle) Drusilla (Last) Green

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Febary 4-1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Rural Swanton Garett Co

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Benjamine Franklin Broadwater

14. MOTHER'S MAIDEN NAME: Jane Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-32-3669

17. INFORMANT & ADDRESS: Daniel Green R.D.1.Swanton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocardial Insufficiency — Interval Between Onset and Death: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of the Pancreas with — Interval Between Onset and Death: 2

DUE TO

(c) Generalized Metastasis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to June 30, 1953, that I last saw the deceased alive on June 30-53 19....., and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Ralph Calandella (DEGREE OR TITLE) M.D ADDRESS Kitzmiller Md DATE SIGNED July 3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-5-1953

NAME OF CEMETERY OR CREMATORY New Germany

LOCATION (City, town, or county) R.D.1.Grantsville (State) Md

DATE REC'D BY LOCAL REG. 7/8/53

REGISTRAR'S SIGNATURE J.B. Emory mab

24. FUNERAL DIRECTOR Wm A Winterberg ADDRESS Grantsville Md

VS. A15 8-51

06109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4mi. West on Rt. #38

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller
STREET ADDRESS (If rural, give location) 3Mi. West on Rt. 38

3. NAME OF DECEASED (Type or Print) (First) BERTIE (Middle) MAE (Last) HARVEY
4. DATE OF DEATH (Month) JUNE (Day) 27, (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 15, 1882
9. AGE last birthday 70 yrs. If under 1 year Months 11 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Rowlesburg, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSHUA LIPSCOMB
14. MOTHER'S MAIDEN NAME HARRIETT LIPSCOMB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs. Alma Evans, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Acute Myocardial Insufficiency	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage with left sided	1 day
	(c) paralysis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 7P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M D ADDRESS Kitzmiller, Md DATE SIGNED June 29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/53
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. June 29-53
REGISTRAR'S SIGNATURE A W Barrick
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 2, 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06110.

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garette Co

City or town Friendsville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrette

City or town Friendsville Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Sand Spring
(If rural, give LOCATION)

2 (a) If veteran, name war

3. (a) FULL NAME Lawrenc Londen

3. (b) Social Security Number W-M-5/8-I55-I905

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Estie VanSickle

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May I I905

8. AGE: Years	Months	Days	If less than one day
48	I	I	hrs. min.

9. Birthplace Friendsville Garrette Co MD
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Timber

FATHER 12. Name Charles Londen

13. Birthplace Not Known

MOTHER 14. Maiden name Estie VanSickle

15. Birthplace Maryland

16. Informant Mae Londen

Address Friendsville MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1953 (month) (day) (year)

Cemetery or crematory Sand Spring

Location Near Friendsville Md

18. Funeral director E G Harned

Address Brandonville W.Va

19. June 4 1953 (Date rec'd by registrar) Kathryn Fike Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1953 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June-2- 1953 to June-2- 1953

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Coronary Occlusion	
Due to -?- 420.1	
Due to -?-	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury Injured at work?

23. SIGNATURE H.B. Messmore M.D. (M. D. or other)

Address Addison-Pa Date signed 6/4/53

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06111

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY Garrett MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (in this place): since 6/11/53; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) DAVID (Middle) (Last) McFARLANE

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 3/18/1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David McFarlane

14. MOTHER'S MAIDEN NAME: Isabel Schuyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 182-01-3558

17. INFORMANT & ADDRESS: Catherine McFarlane Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease - years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lsst.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Silicosis, Chr. Prostatitis, Arthritis — years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12/53, to 6/24/53, that I last saw the deceased alive on 6/24/53, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE Thomas D. Lusby (Degree or title) M.D. ADDRESS Oakland, Md. DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF July 2, 1953; NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery; LOCATION (City, town, or county) (State): Lonaconing, Md

DATE REC'D BY LOCAL REGISTRAR: July 2, 1953; REGISTRAR'S SIGNATURE: Julia Mayor LR

24. FUNERAL DIRECTOR: George Eichhorn; ADDRESS: Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 19..
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 237 Henderson Ave.

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Belle (Last) McGettigan
4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/16/1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William D. Losh
14. MOTHER'S MAIDEN NAME: Sarah Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: ------
17. INFORMANT AND ADDRESS: 1412 Baird Ave. Camden, N. J. Mabel C. Wagner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Parkinsons Disease — years
(c) Old stroke — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Arthritis — ?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr, 1953, to 5/26/53, that I last saw the deceased alive on 5/26, 1953, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M D Oakland, Md. 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/29/1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Thomas, W. Va.

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Julia Mowan LR
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

RECEIVED
JUL 6 1953
UREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Garrett Crellin. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md.
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashby Nursing Home, Crellin, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md.
STREET ADDRESS (If rural, give location) Crellin, Maryland.

3. NAME OF DECEASED (Type or Print) (First) Emelia (Middle) Agusta (Last) Paulie,

4. DATE OF DEATH (Month) (Day) (Year) 6/2[illegible]/1953 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 8/22/1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Preston County, West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Shaffer.
14. MOTHER'S MAIDEN NAME Rose Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Frederick Paulie, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Cardiac failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Hypertensive Cardio-Vascular Disease & Fibrillation	10 yrs
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1949, to 4-4, 1953, that I last saw the deceased alive on 4-4, 1953, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE James H. Peaster, Jr. M.D. (Degree or title) ADDRESS 38 2nd St Oak, Md DATE SIGNED 7-1-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/2/1953
NAME OF CEMETERY OR CREMATORY Oakland, Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 7-2/53
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 22 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00113

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

T

1. PLACE OF DEATH:
COUNTY: GARRETT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND
LENGTH OF STAY (in this place): 25 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SWANTON - Rural
STREET ADDRESS (If rural give location): Altamont

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) EUGENE (Last) RODEHEAVER

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 6, 1953

9. AGE last birthday: -- yrs. IF UNDER 1 YEAR: Months 2 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RODEHEAVER, HARRY CLYDE

14. MOTHER'S MAIDEN NAME: LEE, MARTHA SUSAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MRS. MARTHA RODEHEAVER, SWANTON MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis (Probably H. Influenza) — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Secondary to Measels — 14 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1953, to 6-4, 1953, that I last saw the deceased alive on 6-4, 1953, and that death occurred at 11:10 a.m. 6-4-53, from the causes and on the date stated above.

SIGNATURE (Degree or title): James H. Fearto Jr. M.D. — ADDRESS: 58 2nd St Oakland, Md — DATE SIGNED: 6-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 6/53

NAME OF CEMETERY OR CREMATORY: George Cemetery

LOCATION (City, town, or county) (State): Near Swanton, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/6/1953

REGISTRAR'S SIGNATURE: Gladys A. Rowan

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. — ADDRESS

2033294406 LR

RECEIVED
JUN 10 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06114

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Deer Park — LENGTH OF STAY (in this place): 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Community

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: W.Va. — COUNTY: Grant
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Schell
STREET ADDRESS (If rural, give location): Rehobeth

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Roderick
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 21, 1869
9. AGE last birthday: 83 yrs. — If under 1 year: Months 10, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Rehobeth, Grant Co. W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Henry Roderick
14. MOTHER'S MAIDEN NAME: Nancy Virginia Sisk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Stanley Roderick, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x

Immediate cause (a) Acute Myocardial Insufficiency — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal Disease — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 4:45P. m., from the causes and on the date stated above.

SIGNATURE: Ralph E. Landrella (Degree or title) M D — ADDRESS: Kitzmiller Md — DATE SIGNED: June 4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-4-53 — NAME OF CEMETERY OR CREMATORY: Rehobeth Cemetery — LOCATION (City, town, or county): Grant Co. — (State): W.Va.

DATE REC'D BY LOCAL REG.: 6/4/53 — REGISTRAR'S SIGNATURE: Julia L. Bowen — 24. FUNERAL DIRECTOR: Otha F. Sharpless, — ADDRESS: Blaine, W.Va.

RECEIVED
JUN 10
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06115

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural give location) BOX #72

3. NAME OF DECEASED: (Type or Print) (First) SALEE (Middle) (Last) SHREVE
4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 8/24/1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: FARMER - Gardner
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: BENJAMIN SHREVE
14. MOTHER'S MAIDEN NAME: ROSIE ARMONTROUT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: Lonnie Shreve, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] in.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1953, to 6-14, 1953, that I last saw the deceased alive on 6-13, 1953, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/17/1953
NAME OF CEMETERY OR CREMATORY Shreve Cemetery
LOCATION (City, town, or county) (State) 3 Mi. N Gorman, Md.

DATE REC'D BY LOCAL REGISTRAR 6/17/53
REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

RECEIVED
JUL
BUREAU V.

03116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 4 Mi. South Oakland, Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) -- (Last) Spoerlein
4. DATE OF DEATH (Month) June (Day) 17, (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7/6/1858
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Conrad Spoerlein
14. MOTHER'S MAIDEN NAME Barbara Hock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT AND ADDRESS William E. Spoerlein Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Myocardial Heart Disease 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis 15 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1945, to June 17, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 6:20 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland DATE SIGNED 19 June 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/1953
NAME OF CEMETERY ~~OR CREMATORY~~ Church of the Brethren
LOCATION (City, town, or county) (State) Accident, Md.

DATE REC'D BY LOCAL REG. 6/20/53
REGISTRAR'S SIGNATURE Julia L. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1983
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06117

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (In this place) 6 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton; STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print): (First) Truman (Middle) Levi (Last) Sweitzer

4. DATE OF DEATH: (Month) (Day) (Year) June 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/22/1879

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Repairman B & O R. R. Shop

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sweitzer

14. MOTHER'S MAIDEN NAME: Jane Schroyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705 07 2270

17. INFORMANT AND ADDRESS: Lester Sweitzer Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decompensated Heart Disease — Interval Between Onset and Death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio vascular disease — more than 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov, 1949, to May 27, 1953, that I last saw the deceased alive on May 27 1953 and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas D. Leahy M.D. ADDRESS Oakland, Md. DATE SIGNED 4 June 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/5/1953

NAME OF CEMETERY OR CREMATORY: Mosser Farm Cemetery

LOCATION (City, town, or county) (State): near Swanton, Md.

DATE REC'D BY LOCAL REG. 6/4/53

REGISTRAR'S SIGNATURE Julia A. Bowman

24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS Oakland, Md.

L.R.

RECEIVED
JUN 9 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16118.

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: X 45
STATE West Virginia — COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural give location) 600 West Piedmont Street

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Jane (Last) Wilt

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months — IF UNDER 24 HRS.: Days 9, Hours 0, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Garrett County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter J. Stark

14. MOTHER'S MAIDEN NAME: Catherine Custer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Robert Wilt, Keyser, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (Previous stroke) Senility ?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 28 June, 1953, that I last saw the deceased alive on 28 June, 1953, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas A. Leahy M. D. ADDRESS Oakland, Md. DATE SIGNED 6/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-1-53 — NAME OF CEMETERY OR CREMATORY Queens Point Cemetery — LOCATION (City, town, or county) Keyser, (State) W.Va.

DATE REC'D BY LOCAL REGISTRAR 7/1/53 — REGISTRAR'S SIGNATURE Julia L. Rowan L.R.

24. FUNERAL DIRECTOR Rogers Funeral Home, Harold Roger — ADDRESS Keyser, W.Va.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V. S